

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** VILLA ST ANNA (310574)

**Address:** 5737 ERIE ST, RACINE, WI 53402

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/12/1991

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0095751      **End Date:** 10/04/2005      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10010014    Served 10/17/2005

Deficiencies Cited

50.065(2)(b)intro

83.35(4)(f)

83.41(5)(d)2

Subject Area

ENTITY BACKGROUND CHECK REQUIREMENTS

FOOD STORED IN SANITARY CONDITIONS

HOT WATER TEMPERATURES

Compliance  
Verified

Corrected

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